

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009035

FILED
Aug 28, 2012
Secretary of State

Entity Name: PROJECT AUTISM OF ST.JOHNS, INC.

Current Principal Place of Business:

323 SUMMERCove CIR
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

323 SUMMERCove CIR
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 26-3442705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLEVINS, GINA M
323 SUMMERCove CIR
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS
Name: DEETER, KATHLEEN
Address: 40 RHODE AVE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D
Name: CABRERA, DEL
Address: 1512 HIGHLAND FORREST DRIVE
City-St-Zip: SAINT JOHNS, FL 32259

Title: DVP
Name: BOOTH, KRISTEN
Address: 139 PARKSIDE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: DT
Name: BLEVINS, GINA
Address: 323 SUMMERCove CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: DP
Name: BLEVINS, TROY
Address: 323 SUMMERCove CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TROY BLEVINS

DP

08/28/2012

Electronic Signature of Signing Officer or Director

Date